



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)



Considerations for Institutions of Higher Education

Updated Oct. 29, 2020

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Summary of changes to the considerations as of October 5, 2020:

- Expanded considerations on care for students and staff when becoming ill in an IHE setting
- Updated considerations on ventilation
- Updated considerations on food service
- Updated considerations for contact tracing
- Updated considerations on recognizing signs and symptoms of COVID-19, screening, and testing
- Updated considerations on coping and support
- Updated considerations for Direct Service Providers (DSPs)

These interim considerations are based on what is currently known about COVID-19 as of the date of posting, October 5, 2020. The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check CDC website periodically for updated interim guidance.

As some institutions of higher education (IHE) prepare to re-open or keep open in-person learning in the United States, IHEs are faced with the challenge of keeping students, faculty, staff, and volunteers safe due to the coronavirus disease 2019 (COVID-19) pandemic. CDC offers the following considerations for ways that IHEs can help protect students and employees (e.g., faculty, staff, and administrators) and slow the spread of COVID-19. This document refers only to risks related to COVID-19.

IHEs vary considerably in geographic location, size, and structure. As such, IHE officials can determine, in collaboration with [state and local health officials](#), whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the IHE and local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. Health facilities managed by the IHE may refer to CDC's [Guidance for U.S. Healthcare Facilities](#) and may find it helpful to reference the [Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic](#). These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply.

Guiding Principles to Keep in Mind

The more a person interacts with others, and the longer that interaction lasts, the higher the risk of COVID-19 spread in the community. Risk is also affected by factors such as background rates of infection in the community and individuals' compliance with mitigation strategies, such as use of masking, social distancing, and hand hygiene. IHEs should communicate their selected level of risk so that people can make more informed decisions about attendance, especially those with disabilities and people who are at [higher risk of severe illness](#) from COVID. The risk of COVID-19 spread increases in IHE non-residential (i.e., off-campus housing) and residential (i.e., on-campus housing) settings with the level of COVID activity in the community and as follows:

IHE General Settings

Lowest Risk

- Faculty and students engage in virtual-only learning options, activities, and events.

Some Risk

- Students, faculty, and staff follow all steps to [protect themselves and others](#) at all times, including proper use of face masks, social distancing, and hand hygiene.
- Hybrid learning model: Students participate in virtual learning, and in-person learning is limited to courses and laboratory instruction that cannot be delivered remotely.
- Students, faculty, and staff participate in small, in-person classes, activities, and events that allow individuals to remain spaced at least 6 feet apart (e.g., lecture room with individual seating spaced 6 feet apart).
- Students avoid out-of-class social gatherings and events and communications and

policies discouraged these activities.

- Apply and support strict adherence to cohorting, alternating schedules, and staggered schedules in residence halls, dining areas, and recreational areas on campus to create small groups of students and minimize their contact with others (e.g., small cohorts of freshmen who live and learn together).
- Students, faculty, and staff do not share objects (e.g., laboratory, art, or recreational equipment and supplies).
- Regularly scheduled (e.g., at least daily or between uses) [cleaning and disinfection](#) of frequently touched areas occur as planned (i.e., on-time and consistently).

Medium Risk

- Students, faculty, and staff follow all steps to [protect themselves and others](#) such as proper use of face masks, social distancing, and hand hygiene.
- Hybrid learning model: Students participate in a mix of virtual learning and in-person learning for all courses (in-person learning is not limited to specific courses).
- Students, faculty, and staff participate in larger in-person classes, activities, and events that allow people to remain spaced at least 6 feet apart (e.g., classroom with marked seating or seating removed to encourage sitting 6 feet apart).
- Apply cohorting, alternating schedules, and staggered schedules with some exceptions in residence halls, dining areas, and recreational areas on campus.
- Students, faculty, and staff participate in limited, small out-of-class social gatherings and events.
- Students, faculty, and staff dine outside whenever possible, or in well ventilated rooms with social distancing applied.
- Students and faculty share objects minimally (e.g., sharing of objects is limited to one person at a time for laboratory, art, or recreational equipment and supplies that cannot be purchased or assigned individually and that are wiped down with disinfectant, as possible, between uses).
- Regularly scheduled [cleaning and disinfection](#) of frequently touched areas occur as planned with few exceptions.

Higher Risk

- Students, faculty, and staff follow some steps to [protect themselves and others](#) at all times such as proper use of face masks, social distancing, and hand hygiene.
- Students and faculty engage in in-person only learning, activities, and events.
- Students, faculty, and staff attend several small out-of-class social gatherings and events.
- Students, faculty, and staff dine in indoor dining rooms while maintaining social distancing.
- Students and faculty share some objects (e.g., sharing of objects is limited to one group of students at a time for laboratory, art, or recreational equipment and supplies that cannot be purchased or assigned individually and that are wiped down with disinfectant, as possible, between uses).

- Irregularly scheduled [cleaning and disinfection](#) of frequently touched areas.

Highest Risk

- Use of public buses, campus buses/shuttles or other high occupancy enclosed vehicles with limited ventilation and/or that require students, faculty, or staff to have sustained close contact with others. CDC's [Protect Yourself When Using Transportation](#) provides tips for minimizing your risk when using public transportation.
- Students, faculty, and staff do not/are not required to follow steps such as proper use of face masks, social distancing, hand hygiene to [protect themselves and others](#).
- Students and faculty regularly engage in in-person learning, activities, and events.
- Students, faculty, and staff attend large out-of-class social gatherings and events.
- Students and faculty freely share objects.
- Students, faculty, and staff dine in indoor dining rooms without social distancing.
- Irregularly scheduled [cleaning and disinfection](#) of frequently touched areas.




COVID-19 is thought to [spread](#) mainly by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental prevention practices (such as [cleaning and disinfection](#)) are important principles that are covered in this document. Fortunately, there are a number of actions IHE administrators can take to help lower the risk of COVID-19 exposure and spread.

Plan and Prepare

Review, update, and implement emergency operations plans (EOPs)

Most importantly, IHE administrators need to **plan and prepare** for reopening or keeping IHEs open. Regardless of the number of current cases in a community, every IHE should have a plan in place to protect staff and students from the spread of COVID-19. This should be done in collaboration with state, local, tribal, and territorial public health departments, the IHE's university system (if applicable), and other relevant partners. IHEs should prioritize EOP components that address infectious disease outbreaks and related consequences.

Reference key resources on emergency preparedness while reviewing, updating, and implementing the EOP

- Multiple federal agencies have developed resources on school planning principles and a [6-step process](#)   for creating plans to build and continually foster safe and healthy school communities **before, during, and after** possible emergencies.
- Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's [website](#)  has free resources, trainings, and TA for schools, including IHEs, and their community partners. Resources include those on

emergency planning and response to infectious disease outbreaks. IHEs might find this guidance for developing a high-quality EOP helpful.

- Workers (faculty and other school staff), students, and other community members should be involved in developing the EOP because broad worker and community involvement is needed.

Planning and strategies should include

- Daily review of official public health data for the community surrounding the IHE to keep track of the current state of COVID-19 spread.
- Development of information-sharing systems with school and community partners. Institutional information systems can be used for day-to-day reporting on number of cases and information, such as absenteeism or changes in student and staff health center traffic to detect and respond to an outbreak.
- Ways to promote healthy behaviors that reduce the spread of COVID-19, maintain healthy campus environments and operations, and outline what to do if someone gets sick.
- Ways to enforce or ensure compliance of healthy behaviors that reduce the spread of COVID-19.
- Assessment of the accessibility of information and resources to reduce the spread of COVID-19 and maintain healthy environments.
- Criteria for IHE suspension of in-person learning to stop or slow the spread of COVID-19, as well as criteria for determining when to resume in-person learning.
- Strategies that ensure residents and staff use practices to reduce the risk of COVID-19 in the event of IHE suspension or need to self-quarantine for the following:
 - Continuing education
 - Meal programs
 - Continuity of housing
 - Other services
- Considerations for [students, faculty, and staff with disabilities](#) and people who are at [higher risk of severe illness](#) from COVID.
- Considerations for students, faculty, and staff with disabilities, including effective communication of the IHE's COVID-related plans and accessibility of the IHE's services.
- Considerations for Limited English Proficient (LEP) students, faculty, and staff to ensure meaningful communication with them regarding the IHE's practices to reduce the risk of COVID-19 and how to continue education, meals, other services, etc. (e.g., use of interpreters and translated materials).

Promoting Behaviors that Reduce Spread

IHEs may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

Staying Home or Self-Isolating when Appropriate

- If a decision is made to have any version of in-person classes, before returning to campus, actively encourage students, faculty, and staff who have been sick with COVID-19 [symptoms](#), tested positive for COVID-19, or have been potentially [exposed](#) to someone with COVID-19 (either through [community-related exposure](#) or [international travel](#)) to follow CDC guidance to [self-isolate](#) or [stay home](#).
- Educate students, faculty, and staff on when they should [stay home or self-isolate](#) in their living quarters.
 - Actively encourage students, faculty, and staff who are sick or have recently had a [close contact](#) with a person with COVID-19 to stay home or in their living quarters (e.g., dorm room). Develop policies that encourage sick individuals to stay at home without fear of reprisals, and ensure students, faculty, and staff are aware of these policies. Offer virtual learning and telework options, if feasible.
 - Develop policies that encourage sick people to stay at home without fear of reprisals and ensure students, faculty, and staff are aware of these Offer virtual learning and telework options, if feasible. Establish procedures for how to re-house roommates of those who are sick.
 - Develop policies and plans that ensure the continuity of meal programs. Work with local public health officials to determine strategies for providing meals to students living on campus who are sick with COVID-19 or who are being monitored because of contact with persons with COVID-19. If on-campus housing residents have been relocated to temporary alternative housing, consider how meals can be provided to these students.
- [Students, faculty, and staff should stay home](#) when they have tested positive for or are showing [symptoms](#) of COVID-19.
- IHEs should develop policies to prepare for when someone gets sick
 - CDC's criteria can help inform return to work/school policies:
- If they have been sick with COVID-19
- If they have recently had a close contact with a person with COVID-19
- IHEs should develop a plan for students who develop symptoms of, or test positive for, or have close contact with a person with COVID-19. Students should isolate or quarantine at their current place of residence, or arrange for accommodations on or near campus to isolate and attend virtual classes. This plan should address linking students to any [support services](#) offered by their [health departments](#). Sending people with COVID-19 to distant homes is not desirable because it could lead to community spread.

Hand Hygiene and Respiratory Etiquette

- Recommend and reinforce [handwashing](#) with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and

hands washed immediately with soap and water for at least 20 seconds.

- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Ensure availability and access to supplies that promote healthy hygiene practices (e.g., touchless hand sanitizer stations by building doorways; handwashing stations positioned near high touch areas).

Masks



- Recommend and reinforce use of [masks](#) among students, faculty, and staff both on and off campus. Many people with COVID-19 are asymptomatic or have only mild symptoms, thus people may not recognize they are infected. The use of masks to prevent spread of respiratory droplets by the wearer is an important mitigation strategy to help prevent the spread of COVID-19. [Masks](#) are not personal protective equipment (PPE) (e.g., N95 respirators) intended for use by healthcare workers. Masks should be worn in public settings whenever possible, even when social distancing. People should be reminded frequently not to touch their masks and to [wash their hands](#) often. Information should be provided to all students, faculty, and staff on [proper use, removal, and washing of masks](#).
- Masks should **not** be placed on:
 - Babies and children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the mask without assistance
- For people with sensory, cognitive, or behavioral issues for whom wearing masks could be difficult, [adaptations and alternatives](#) to prevent against spread of COVID-19 should be considered.
- People who are deaf or hard of hearing may be unable to wear a mask if the ear loops of the mask interferes with the use of hearing aids. Those who care for or interact with a person who is hearing impaired may be unable to wear masks if the person they are interacting with relies on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a clear face covering. If a [clear face covering](#) isn't available, consider using written communication or closed captioning and decrease background noise to make communication easier while wearing a mask.

Adequate Supplies

Ensure you have accessible sinks and enough supplies for people to clean their hands and cover their coughs and sneezes. Supplies include soap, a way to dry hands (e.g., paper towels, hand dryer), tissues, hand sanitizer containing at least 60 percent alcohol, disinfectant wipes, masks (as feasible), and no-touch /foot pedal trash cans (preferably covered).

Signs and Messages

- Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining



areas) that [promote everyday protective measures](#)  and describe how to [stop the spread](#)  of germs (such as by [properly washing hands](#), [social distancing at least 6 feet](#), and wearing a mask). Signs should include visual cues.

- Use simple, clear, and effective language (for example, in [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE [social media accounts](#)).
- Use communication methods that are accessible for all students, faculty and staff, and other essential visitors, including parents or guardians. Ensure materials can accommodate diverse audiences, such as people who speak languages other than English, and people with disabilities.
- Find freely available CDC print and digital resources on CDC's [communication resources](#) main page. CDC also has [American Sign Language videos](#) related to COVID-19.

Maintaining Healthy Environments

IHEs may consider implementing several strategies to maintain healthy environments.




Cleaning and Disinfection

- [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within IHE facilities at least daily or between use as much as Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or cleaned between use with safe cleaning methods.
- Develop a schedule for increased, [routine cleaning and disinfection](#).
- Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.
- If transport vehicles (e.g., buses) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, masks). To clean and disinfect IHE buses, vans, or other vehicles, see [guidance for bus transit operators](#).
- Ensure safe and correct use and storage of [cleaning and disinfection products](#) , including storing products Use products that meet [EPA List N disinfection criteria](#) .
- Ensure there is adequate ventilation when using cleaning products to prevent students or staff from inhaling toxic
- Provide hand sanitizer or hand washing stations near high touch areas and at entrances/exits to buildings.

Shared Objects

- Discourage sharing of items, especially those that are difficult to clean or disinfect.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own art supplies, lab equipment, computers) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Avoid sharing electronic devices, books, pens, and other learning aids.

Ventilation

- Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in campus buildings. Consult experienced heating, ventilation, and air conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Some of the recommendations below are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#) . Review additional [ASHRAE guidelines for schools and universities](#)   for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.
- Improvement steps may include some or all of the following activities:
 - Increase outdoor air ventilation, using caution in highly polluted areas.
 - When weather conditions allow, open windows and doors to increase fresh outdoor air. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to people using the facility.
 - Use **fans** to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to create potentially contaminated airflow directly from one person to another. The fan position should also not create potentially contaminated airflow to people outside of the room (e.g., pedestrians using walkways outside the window). Strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents.
 - Decrease occupancy in areas where outdoor air ventilation cannot be increased.
 - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Increase total airflow supply to occupied spaces, when possible.
 - Disable demand-controlled ventilation controls that reduce air supply based on occupancy or temperature during occupied hours.
 - Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
 - Improve central air filtration:
 - Increase air filtration to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check

for ways to minimize filter bypass.

- Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the IHE building is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the IHE building is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use **portable high-efficiency particulate air fan/filtration systems** to help enhance air cleaning (especially in higher risk areas such as the IHE health office).
 - Inspect and maintain local exhaust ventilation in areas, such as bathrooms, kitchens, cooking areas, etc.
 - Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas, such as the IHE health office).
 - Consider using ultraviolet germicidal irradiation as a supplement to help inactivate SARS-CoV-2 (the virus that causes COVID-19), especially if options for increasing room ventilation are limited.
 - Ventilation considerations are also important on buses used for IHE activities.

Water Systems

- The temporary shutdown or reduced operation of IHEs and reductions in normal water use can create hazards for returning students and staff. To minimize the risk of lead or copper exposure, [Legionnaires' disease](#) and other diseases associated with contaminated water, [take steps](#) such as flushing plumbing to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and [follow EPA's 3Ts for reducing lead in drinking water](#) [🔗](#) . It might be necessary to conduct ongoing regular flushing of all water systems and features after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [🔗](#) . Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

Modified Layouts

- Space seating/desks at least 6 feet apart when feasible. For lecture halls, consider taping off seats and rows to ensure six-foot distance between seats.
- Host smaller classes in larger rooms.
- Turn desks to face the same direction (rather than facing each other), or have students sit spaced 6 feet apart on only one side of tables.
- Modify learning stations and activities as applicable so there are fewer students per group, placed at least 6 feet apart if possible.

- Offer distance learning in addition to in-person classes to help reduce the number of in-person
- Provide adequate distance between people engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
- Create distance between students in IHE transport vehicles (e.g., skipping rows) when

Physical Barriers and Guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.

Engineering Interventions

- Consider installing automatic doors or doors that can open so that people do not require hands to open a door (e.g., doors can be pushed open with a shoulder).

Communal Spaces

- Close communal use shared spaces such as dining halls, game rooms, exercise rooms, and lounges if possible; otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between use.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
- For more information on communal spaces in student or faculty housing (e.g., laundry rooms, shared bathrooms and recreation areas) follow [CDC's guidance for Shared or Congregate Housing](#).

Food Service

- Avoid providing any small appliances (e.g., toasters, waffle makers) and using self-service food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Continue to serve nutritionally balanced [meals](#) that are individually plated or pre-packaged. Make soap and water for handwashing available—and where soap and water are not readily available, provide hand sanitizer that contains at least 60% alcohol—for use before and after eating food. Discourage sharing of food, either brought from home or from the food service.
- Provide grab-and-go options for If communal dining halls or cafeterias will be used, ensure that students remain 6 feet apart with visual cues in food service lines and at tables while eating. Clean and disinfect tables between use.
- When possible, create options that allow students, faculty, and staff to eat meals outdoors, while maintaining social distance (at least 6 feet apart) as much as possible, instead of in a communal dining hall or cafeteria.
- Ensure students do not share food or utensils to include the safety of students

with food allergies. Use disposable food service items (e.g., utensils, trays). If disposable items are not feasible or desirable, ensure that staff handle all non-disposable food service items and equipment with gloves and that those items are washed with dish soap and hot water or in a dishwasher. Staff should wash their hands after removing their gloves or after directly handling used food service

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of providing a buffet or family-style service. Review [considerations for events and gatherings](#) for additional information about planning and holding events and gatherings that include food service.
- Provide tissues and no-touch or foot-pedal disposal containers for use by faculty, staff, and students.
- If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer that contains at least 60% alcohol near places where people pay so that they can use it right after handling money, cards, or keypads.

Maintaining Healthy Operations

IHEs may consider implementing several strategies to maintain healthy operations.

Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19

- Offer options for faculty and staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified job responsibilities).
- Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g. virtual learning opportunities).
- Provide inclusive programming for people with special [healthcare needs](#) and [disabilities](#) that allow on-site or virtual participation with appropriate accommodations, modifications, and assistance (e.g., students with disabilities may have more difficulties accessing and using technology for virtual learning).
- Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) (e.g., policies to protect the health information of people with underlying medical conditions).

Regulatory Awareness

- Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.

Gatherings

- Consider virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.

- Pursue options to hold sporting events and participate in [sports activities](#) in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county).

Telework and Virtual Meetings

- Encourage telework for as many faculty and staff as possible, especially employees at [higher risk for severe illness from COVID-19](#).
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Provide student support services virtually, as feasible.
- When possible, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between people, especially if social distancing is recommended by state and local health authorities.
- Disability resource centers should review policies and procedures to assess/qualify students for new accommodations, modifications, and assistance that may be needed due to COVID-19 changes.
- Ensure appropriate accommodations, modifications, and assistance are provided for education to remain accessible for students with disabilities or those at [higher risk of severe illness](#) from COVID.

Designated COVID-19 Point of Contact

- Designate an administrator or office to be responsible for responding to COVID-19. Provide all IHE students, faculty and staff with the name and contact information for the COVID-19 point of contact.

Travel and Transit

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Consider postponing or canceling upcoming [student international travel programs](#) planned or hosted by the institution.
- Encourage students, faculty, and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ensure options for safe travel on campus for people with disabilities (e.g., drivers should wear a mask and use hand sanitizer before and after providing assistance).
- Encourage students, faculty, and staff who use public transportation or ride sharing to follow CDC guidance on how to [protect themselves when using transportation](#). Additionally, encourage them to commute during less busy times

and clean or sanitize their hands as soon as possible after all travel.

- IHEs should develop a plan for students who develop symptoms of, or test positive for, or have close contact with a person with COVID-19. Students should isolate or quarantine at their current place of residence, or arrange for accommodations on or near campus to isolate and attend virtual classes. This plan should address linking students to any [support services](#) offered by their [health departments](#). Sending people with COVID-19 to distant homes is not desirable because it could lead to community spread.

Participation in Community Response Efforts

- Consider participating with state, local, tribal, and territorial authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

Communication Systems

Put systems in place for:

- Students, faculty, and staff to report to the IHE if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days, consistent with applicable law and privacy policies (e.g., health [information sharing regulations for COVID-19](#) [↗](#) and applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA)). See the [Notify Health Officials and Close Contacts](#) section below.
- Notifying faculty, staff, students, families, and the public of IHE closures, changes, and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

Leave (Time Off) and Excused Absence Policies

- Implement flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick, have been exposed, or [caring for someone who is sick](#).
- Examine and revise policies for excused absences and virtual learning (students) and leave, telework, and employee compensation (employees).
- Leave and excused absence policies should be flexible, not be punitive to people for taking time off and should allow sick employees and students to stay home and away from others. Leave and excused absence policies should also account for employees and students who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC's criteria to [discontinue home isolation](#) and quarantine can inform these policies.

Back-Up Staffing Plan

- Monitor absenteeism of employees and students, cross-train staff, and create a

roster of trained back-up staff.

Staff Training

- Train staff on all safety protocols
- Conduct training virtually or ensure that [social distancing](#) is maintained during training.

Recognize Signs and Symptoms

- Note that symptom screenings and health checks do not identify people who are infected but without symptoms (asymptomatic), people who are infected but have not yet developed symptoms (pre-symptomatic), or people with mild non-specific symptoms who might not realize they are infected. As such, screening and health checks are not a replacement for other protective measures, such as social distancing, hand hygiene, and use of masks.
- If an IHE opts to use health checks, the checks should be done safely, respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and IHE administrators may use examples of screening methods found in CDC's General Business [FAQs](#).

Testing

- IHEs might test students, faculty, or staff for purposes of surveillance, diagnosis, screening, or in the context of an outbreak. Individuals should be considered for and offered testing if they
 - Show signs or [symptoms consistent with COVID-19](#) (diagnostic)
 - Have a recent known or suspected exposure to a person with laboratory-confirmed COVID-19 (diagnostic)
 - Have been asked or referred to get testing by their healthcare provider or health department (diagnostic)
 - Are part of a cohort for whom testing is recommended (in the context of an outbreak)
 - Are attending an IHE that requires entry screening (entry testing as part of screening)
 - Active surveillance testing to include
 - Are in a community where public health officials are recommending expanded testing on a voluntary basis including testing of a sample of asymptomatic individuals, especially in areas of moderate to high community transmission (screening)
 - Volunteer to be tested in order to monitor occurrence of cases and positivity rate (surveillance)
 - Wastewater monitoring and then active surveillance in identified dorms as a part of comprehensive testing for those living on campus (surveillance).
 - Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of people diagnosed with COVID-19

be identified quickly. Identifying and [testing close contacts](#) will likely vary by IHE and the local context.

- In addition, in accordance with state and local laws and regulations, IHEs should work with local health officials to inform those who have had close contact with a person diagnosed with COVID-19 to wear [masks](#) if they are able, [quarantine](#) in their living quarters or a designated housing location, and [self-monitor for symptoms](#) for 14 days.
- Additional information on IHE testing considerations can be found at CDC's [Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing](#).

Contact Tracing

- Contact tracing is the process of notifying people (contacts) of potential exposure to SARS-CoV-2 and discussing information about the virus, symptom history, and other relevant health information. Also discussed are instructions for self-quarantine and monitoring for symptoms, and support and referrals to testing, clinical services, and other essential support services, as indicated.
- The case investigation and contact tracing processes help prevent further transmission of disease by separating people who have (or might have) an infectious disease from people who do not. [Prompt identification, voluntary self-quarantine, and monitoring of these contacts exposed to SARS-CoV-2 can break the chain of transmission effectively and prevent further spread of the virus in a community](#). IHE settings contain a mixed population of students and staff ranging from young to older adults who are highly interconnected in multiple, close-contact networks, such as dormitories, classrooms, lecture halls, sports teams, clubs and fraternities/sororities. As a result, these close settings may cause the IHE population to be more susceptible to increased transmission of SARS-CoV-2.
- Health departments are responsible for leading case investigations, contact tracing, and outbreak investigations. Given the large number of COVID-19 cases reported to health departments, coupled with how easily and quickly SARS-CoV-2 is spreading, health department resources can be overwhelmed. Partnerships between health departments and IHEs are encouraged, as it may aid in limiting the spread of SARS-CoV-2 in these settings and local communities.
- Additional information on contact tracing within an IHE setting can be found at [Investigation and Contact Tracing Considerations in IHEs for Health Departments and IHE Administrators](#).

Sharing Facilities

- Encourage any organizations that share or use IHE facilities to also follow these considerations.

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.

- Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Communicate with faculty, staff, and students about mental health support services available at the IHE.
- Consider having an employee assistance program (EAP) through which faculty and staff can get counseling.
- Share facts about COVID-19 regularly with students, faculty, and staff through trusted sources of information to counter the spread of misinformation, reduce stigma, and mitigate fear.
- Positive, pro-active messaging, education, and role-modeling is encouraged. Speak out against negative behaviors that stigmatize individuals who test positive for or are exposed to COVID-19, including negative statements on social media, by promoting positive messaging that does not discourage mitigation behaviors and testing.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to
- Ensure continuity of mental health services, such as [offering remote counseling](#).
- [Encourage](#) students, faculty, and staff to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#) [🔗](#) if they are feeling overwhelmed with emotions like sadness, depression, anxiety, or feel like wanting to harm themselves or others.

Prepare for When Someone Gets Sick

IHEs may consider implementing several strategies to prepare for when someone gets sick.

Advise Sick Individuals of Home Isolation Criteria

- Sick faculty, staff, or students should not return to in-person classes or IHE facilities, or end isolation until they have met CDC's [criteria to discontinue home isolation](#).


Isolate and Transport Those Who are Sick

- Make sure that faculty, staff, and students know they should not come to the IHE if they are sick, and should notify IHE officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
- Immediately separate faculty, staff, and students with COVID-19 [symptoms](#) (such


as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.

- IHE administrators should immediately provide options to separate people with COVID-19 symptoms by providing distance learning options, self-isolation rooms in dormitories or other housing facilities, and food delivery service for on-campus students in self-isolation.
- IHE administrators and healthcare providers should identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [standard and transmission-based precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19](#)
- Establish procedures for safely transporting anyone who is sick to a place where they can be isolated from students, faculty, and staff or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person might have COVID-19.
- IHEs should develop a plan for students to stay at their current place of residence or arrange for accommodations outside the campus for isolating and to attend virtual classes. This plan should also address needed services including accommodations and isolation plans for COVID-19 positive students during an outbreak as well as quarantine plans for close contacts.

Clean and Disinfect

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#).
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#)  , including storing products securely away from children.

Notify Health Officials and Close Contacts

- In accordance with applicable federal, state and local laws and regulations, IHEs should notify [local health officials](#), faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#)  , FERPA or and other applicable laws and regulations.
- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.
- IHEs might need to implement short-term closure procedures. If this happens, IHEs should **work with local public health officials to determine whether in-person classes need to be cancelled or moved to virtual delivery and/or buildings and facilities need to close**. An initial short-term suspension of in-

person classes and cancellation of events and activities (e.g., club meetings; on-campus sport, theater, and music events) allows time for the local health officials to gain a better understanding of the COVID-19 situation and help the IHE determine appropriate next steps, including whether an extended suspension duration is needed to stop or slow further spread of COVID-19. IHEs should develop a plan for students who develop symptoms of, or test positive for, or have close contact with a person with COVID-19. Students should isolate or quarantine at their current place of residence, or arrange for accommodations on or near campus to isolate and attend virtual classes. This plan should address linking students to any [support services](#) offered by their [health departments](#). Sending people with COVID-19 to distant homes is not desirable because it could lead to community spread.


- Local health officials' recommendations for the duration and extent of suspension of in-person classes, building and facility closures, and event and activity cancellations should be made on a case-by-case basis using the most up-to-date information about COVID-19 and **the context of local incidence, case-counts, and ongoing transmission in the community.**

Additional considerations for students with disabilities or at higher risk for severe illness from COVID-19


Plan for accommodations, modifications, and assistance for students with disabilities and special healthcare needs




- An individualized approach for COVID-19 may be required for some [people with disabilities](#). For example, consider the needs of people who have limited mobility, difficulty accessing information due to visual, hearing or other disabilities, require close contact with direct service providers, have trouble understanding information, have difficulties with changes in routines, or have other concerns related to their disability. This approach should account for the following:
 - Wearing [masks](#) may be difficult for people with sensory (e.g., visual or hearing) or cognitive disabilities or behavioral issues, or persons with chronic health conditions that cause breathing difficulties. They should consult with their healthcare providers for advice about wearing masks and be particularly attentive to social distancing.
 - Persons with a hearing disability may require assistance with understanding those wearing a face mask.
 - Students may require assistance or visual and verbal reminders to cover their mouth and nose with a tissue, throw the tissue in the trash, and wash their hands afterwards.
 - Where service or therapy animals are used, use guidance to [protect the animal from COVID-19](#).
 - [Cleaning and disinfecting](#) may affect those with sensory or respiratory issues.
 - [Handwashing](#) with soap and water for at least 20 seconds or using a hand sanitizer (containing at least 60% alcohol) may require assistance or supervision.

Follow guidance for Direct Service Providers (DSPs)

- [Direct Service Providers](#) (personal care attendants, direct support professionals, paraprofessionals, therapists, and others) provide a variety of home- and community-based, health-related services that support individuals with disabilities. Services provided may include activities of daily living, access to health services, and more. DSPs are essential for the health and well-being of the people individuals they serve.
 - Ask DSPs before they enter school if they are experiencing any [symptoms of COVID-19](#) or if they have been in contact with someone who has COVID-19. If DSPs provide services in other IHEs, ask specifically whether any of the other IHEs have had positive cases. For guidance related to screening of staff (to include DSPs), please refer to CDC's [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019](#) and the Prevent Transmission Among Employees section of [CDC's Resuming Business Toolkit](#) .
 - If there is potential that DSPs could be splashed or sprayed by bodily fluids during work, they should [use standard precautions](#). Personal protective equipment (PPE) includes a face mask, eye protection, disposable gloves, and a gown.
 - CDC has developed guidance for [DSPs](#). IHE administrators should review the DSP guidance and ensure that DSPs needing to enter the school are aware of those preventive actions.

Other Resources

- [Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing](#)
- [Guidance for Institutions of Higher Education with Students Participating in International Travel or Study Abroad Programs](#)
- [Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders](#)
- [Guidance for Direct Service Providers](#)
- [Guidance for Handlers of Service and Therapy Animals](#)
- [Latest COVID-19 Information](#)
- [Cleaning and Disinfection](#)
- [Guidance for Businesses and Employers](#)
- [Guidance for Schools and Childcare Centers](#)
- [COVID-19 Prevention](#)
- [Handwashing Information](#)
- [Masks](#)
- [Social Distancing](#)
- [COVID-19 Frequently Asked Questions](#)
- [People at Higher Risk](#)
- [Managing Stress and Coping](#)
- [HIPAA and COVID-19](#) 
- [CDC Communication Resources](#)

- [Community Mitigation](#)
- [OSHA Guidance on Preparing Workplaces for COVID-19](#)  
- [FERPA and the Coronavirus Disease 2019 \(COVID-19\)](#) 

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)